

PSJ3

Exhibit 72

**Purdue**

100 Connecticut Avenue
Norwalk, CT 06850-3590
(203) 853-0123
Fax: MedEd (203) 851-5213
Lecture Programs (203) 851-5252

Purdue Speaker Request Form

Rep Region #: Southeast 5900000 Rep Territory #: 5900948

Rep Name: Rita Harris Lecture City/State: Gainesville, FL

Date submitted to District Manager: 7-18-98

Date submitted to Home Office: _____

of days lead-time (from date submitted to Home Office to lecture date): 70 days

Is this Meeting:

A single presentation? ☐

Part of a half day ☐ or full day meeting? ☐

A Seminar or Symposium? ☐

Purdue has the opportunity to exhibit: Yes ☒ No ☐

Meeting Description/Name (eg: Grand Rounds, Tumor Board, Pivotal Dinner)

I would like Berry Cole to speak 4 times in one day. Schedule as follows 7:00-8:00 am Shands Hosp to Anesthesia Dept, 8:30-9:30 at VA Hospital to Primary Care Residents, 12:00-1:00 to Psychiatry Pain Management Residents and Faculty at Shands and VA, lastly dinner program at Leonardo's 706 in Gainesville to local Family practice, Rheumatologists, Psychiatrists, Neurologists and pain management specialists

Date of Lecture Program/Seminar/Meeting:

First choice: Sept 28

Alternate dates: Sept 14

Start and Finish Time: start 6:30 am end 10:00 pm

Name of person responsible for meeting: Dr Berger 1st talk, Dr Allen 2nd talk, Dr Stennie 3rd talk, me 4th

Job Title: Berger Attdg at Shands in charge of resident education for anesthesia, Allen Chairman of Dept Primary Care VA, Stennie Director of mental Health Pain Clinic Gaines VA

Department: Anesthesia Shands, Primary Care VA, Psychiatry VA and Shands

Organization: VA/Shands teaching hospital Gainesville, FL

Street: 1601 SW Archer RD.

City: Gainesville State: FL Zip: 32608

7006676161
PDD1701260996

Speaker Request Form, pg 2Telephone: Berger 352-395-6814 Allen 352-374-6015 Stennie 352-376-1611 ex6014

Fax: _____

E-Mail: _____

Requested Topics: (if multiple speakers, please state which topic relates to which speaker)Pain management, addiction, assessment tools used to rule out addiction verses uncontrolled pain**Meeting Location:** (please include room and address)Organization: VA hospital and Shands hospital which are adjacent buildings room to be determined

Evening program at Leonardo's restaurant 5 minutes from VA and Hospital

Address: 1601 SW Archer RdCity: GainesvilleState: FLZip: 32608**Estimated Total Attendance:** 120 total**Costs/Fees involved:**MDs: 40Food: \$ 2450.00Nurses: 10

Administrative fees: \$ _____

Residents: 70AV Rental: \$400.00

Pharmacists: _____

Miscellaneous (please specify): _____

PAs: _____

Others (please specify): _____

This request is for a single speaker ☒ / multiple speakers ☐

If multiple speakers are requested, how many? _____

Requested Speaker(s) and distance from lecture location: (Please provide a minimum of 2 choices in order of preference)**Speaker choices:****Distance (in miles) and travel time from lecture site:**1) Berry Cole1) approx 3500 miles

2) _____

2) _____

3) _____

3) _____

7006676162
PDD1701260997

Speaker Request Form, pg 3

Are any of the speakers new to the Speakers Bureau? Yes ☐ No ☒

If yes to above, a Speaker Recommendation Form and current curriculum vitae must be submitted to the home office with sufficient time to allow for approval and recruitment.

Have there been, or will there be programs submitted that are associated with this event?

Yes ☐ No ☒ If yes, please outline the events below.

NOTE: Summation of request
September 28, 1999 Gainesville Florida

7:00 – 8:00 Anesthesia Residents and faculty UF Shands teaching Hosp

8:30-9:30 Primary Care faculty and residents VA/Shands faculty and residents at VA

12:00 – 1:00 Psychiatry/Pain management at VA to VA and Shands Psychiatric faculty and residents

7:00-10:00 Community Dinner Program open to all areas of medicine interested in pain management
at Local restaurant Leonardo's 706

Please check the following:

The speaker has ☐ has not ☒ tentatively agreed to this lecture engagement.

District Manager Name: _____

Approval date: _____

MEDICAL EDUCATION
SPEAKERS BUREAU COVER SHEET

TRACKING
NUMBER:

103177

REQUESTING
SALES REP:

Rita Harris

TALK
DATE:

9/28/99
7-5am

SPEAKER:

David Haddock

DATE OF CONFIRMATION
WITH INSTITUTION:

8/27

Notes:

DATE OF CONFIRMATION
WITH SPEAKER:

8/27

Notes:

DATE OF CONFIRMATION
WITH REPRESENTATIVE:

Notes:

SPEAKERS BUREAU ()
SEMINAR/SYMPOSIUM ()

DIRECTOR ED. GRANT? _____
TAX ID #: _____

HONORARIUM: \$ ____
FOOD COSTS: _____

**PURDUE PHARMA L.P.
SPEAKER CONFIRMATION AND FOLLOW-UP FORM**

Organization: **Shands Hospital**
 Talk Date: **September 28, 1999**
 Talk Time: **7:00 am**
 Talk Title: **Pain Management, Addiction & Assesment in Treating Pain**
 Talk Location: **Shands Hospital , 1601 SW Archer Road , Gainesville , FL**

Contact: **Jerry Berger**
 Contact Phone: **(352) 395-6814**
 Purdue Rep: **Rita Harris**

LECTURE CONFIRMATION INFORMATION:

When booking travel
refer to the code below:

J. David Haddox, DDS, MD

LP

Because of regulatory considerations, please be advised that if during your talk, you discuss any of our products, this should be within only the framework of approved labeling and approved recommended indications and uses for the product.

PROGRAM ASSESSMENT BY SPEAKER: (Form to be completed by speaker post lecture and returned in enclosed envelope):

Talk Title (if different than above): _____
 Audience Size: _____ Audience Knowledge of Topic: _____ How helpful was Purdue Rep? _____
 In a few words, please give us your overall impression of the program: _____

FINANCIAL SUPPORT INFORMATION: PLEASE ATTACH RECEIPTS

Type (as directed by provider): (X) Direct To Speaker
 Travel Agency Arrangements: () Not applicable in funding
 (X) If required -- Only arrangements made through Wagonlit Travel will be covered.
 (phone: 800-745-3210)

Hotel covered for _____ Night(s)

Honorarium: \$1000.00	(1099)	Mileage (\$0.25/mile)	_____
Total Expenses: \$ _____	(Bypass 1099)	Tolls/Parking	_____
		Hotel	_____
		Meals	_____
		Other	_____

Grand Total: \$ _____

Check payable to: J. David Haddox, DDS, MD

SS# / Tax ID #: _____

If different than
above please specify: Name: _____ SS# / Tax ID #: _____
 Address: _____

Signed (Speaker): _____ Date: _____

If you have any questions, please call Kymberly Kittridge at Purdue Pharma L. P. (203) 854-7193.

(For Purdue Office Use Only)	Date to accounting dept: _____	Approved by: _____
Requested by: <u>Kymberly Kittridge</u>	Med Ed Use _____	(revised 12/21/1998 Version 1.9)
General Ledger No.: _____	PP/209 () <u>OXY</u>	PF/0101 () <u>UNI</u>
Description: <u>September 28, 1999, Gainesville, FL (Shands Hospital)</u>		

7006676165
PDD1701261000

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER



COLOR GENESIS

New Ideas in Photographic and Digital Imagery

HADDOX, J. DAVID DDS, MD
DR. HADDOX

SALES RECEIPT

229369 - 1

Invoice Date: 08/18/99
PO Number:
Completion Date: 08/18/99
Customer Number: 6543
Terms: DUE UPON RECEIPT



Shipped DR. HADDOX
To

Description	Number of Items	Unit Price	Sales Total
MAC Persuasion Imaging	24	5.00	120.00

DATE: 08/18/99 TIME: 10:00

25160020600
ORIGIN LINE
510 14TH STREET
ATLANTA, GA 30318

CLERK

QUAN DESCRIPTION NET

REF NO 23041654
SUB NO 598757
TRAN TYPE SALE
ACCOUNT # 37235831352003
EXP 06/02
TOTAL 128.40

SIGNATURE

Type of Payment	Less: Discounts	.00	Total Products	120.00
Reference	AMEX	Less: Pre-Paid	.00	Total Shipping	.00
Placed on Account	.00			Total Sales Tax	8.40
				Total Sale	128.40

7006676166
PDD1701261001



COLOR GENESIS

New Ideas in Photographic and Digital Imagery

HADDOX, J. DAVID DDS, MD
DR. HADDOX

SALES RECEIPT

231233 - 1

Invoice Date: 09/14/99
PO Number:
Completion Date: 09/14/99
Customer Number: 6543
Terms: DUE UPON RECEIPT



Shipped DR. HADDOX
To

Description	Number of Items	Unit Price	Sales Total
MAC Persuasion Imaging	9	5.00	45.00

DATE: 09/14/99
TIME: 14:25

7510000230621
DETROIT, MI
510 14TH STREET
ATLANTA, GA 30310

CLERK
ID
ART
DESCRIPTION
REF NO 25701217
AUTH NO 949645
TRAN TYPE SALE
ACCOUNT # 37265831392611
CIP 6602
TOTAL \$8.15
SIGNATURE

Type of Payment	Less: Discounts	.00	Total Products	45.00
Reference	AMEX	Less: Pre-Paid	.00	Total Shipping	.00
Placed on Account	.00			Total Sales Tax	3.15
				Total Sale	48.15

510 14th Street NW - Atlanta, GA 30310 • 404.881.8844 • Fax 404.873.7501 • 800.838.3146 • www.colorgenesis.com

7006676167
PDD1701261002

UNIVERSITY CENTRE HOTEL
GUEST FOLIO
page: 1

Guest: HADDIX, DR J D
Folio: 146525 In: 9/27/99 10:
Room: 0621 Out: 9/29/99 6:
Rate: 63.00 Adults/children
Payment: AX AMERICAN EXPRESS
(SPEAKER AT UF)

AKW	DATE	REFERENCE	DESCRIPTION	AMOUNT	BALANCE
	9/27/99	RM 0621	ROOM CHARGE	63.00	63.00
	9/27/99	RM 0621	ROOM TAX	5.67	68.67
	9/28/99	005.8 MIN	5:37a #DIALED8005069511	.50	69.17
	9/28/99	002.2 MIN	4:22p #DIALED3920583 L	.50	69.67
	9/28/99	001.2 MIN	4:23p #DIALED3764871 L	.50	70.17
	9/28/99	016.8 MIN	5:45p #DIALED8005069511	.50	70.67
	9/28/99	014949	RESTAURANT CHARGES	8.96	79.63
	9/28/99	RM 0621	ROOM CHARGE	63.00	142.63
	9/28/99	RM 0621	ROOM TAX	5.67	148.30
	9/29/99		AMERICAN EXPRESS	148.30CR	.00
Balance Due.....					.00

UNIVERSITY CENTRE HOTEL
1535 W. GARDEN ST.
JACKSONVILLE, FL 32202

9/27/99 07:47:11
2007/12/06

REF: 005
FOLIO 146525
IN 1999 CARD DEBIT
DATE: SEP 29, 99 06:06:45
016 AND 148.00

TOTAL 148.30

AMOUNT 148.30
DATE 09/29/99

CARDHOLDER'S SIGNATURE
AND/OR SERVICES IN THE AREA OF THE
TOTAL YOUR MONEY AND HANDS TO CASHIER
THE RESTAURANT SET FORTH BY THE
CARDHOLDER'S AGREEMENT WITH THE ISSUER

[Signature]

IF ANY AMOUNT IS NOT PAID BY THE
CARDHOLDER, THE CARDHOLDER IS RESPONSIBLE

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(SIGNATURE AGREEMENT IF CREDIT VOUCHER)

ATLANTA BREAD
ANTA HARTSFIELD
AIRPORT
ATLANTA, GA
404-768-2269
YOUR ORDER IN AT
404-768-7662

PER 1*0396
RVER4 # 4
1/1999 08:38 GUESTS 0 CASHIER 4
IN
1 CINN ROLL 1.71
11 GOURMET COFFEE 1.09
1 BTL DRINK 1.45
TAX 0.30
TOTAL 4.55
SN 10.00
AMOUNT 5.45

OUR FRESH BREADS

RECEIVED
DATE: 09/29/99
TIME: 09:33
INVOICE: 407472
EXP: 06/02
SRV: 065
86369882
86369882

PARKING CO OF AMER 555
HARTSFIELD ATLANTA AIRP
ATLANTA GA 30320

Educational Grant Speaker Expense Form

Name: J. DAVID HADDOX, DDS, MD

Address: [REDACTED]

City [REDACTED]

State & Zip [REDACTED]

Date of Program: 28 SEPTEMBER 1999

Location: GAINESVILLE, FL

Time: 0830

Program ID # ? TOPIC: PAIN MGT & ADDICTION

Expenses:

Honorarium	\$	<u>500.00</u>
Hotel	\$	<u>137.34</u>
Tolls/Parking	\$	<u>24.00</u>
Meals	\$	<u>12.51</u>
Mileage (\$.31)	\$	<u>13.02</u>
Material Prep	\$	<u>165.00</u>
Airfare	\$	<u>-0-</u>
Other (tip)	\$	<u>2.00</u>
TOTAL:	\$	<u>853.87</u>

BRANCHPAY

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER